

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404920	Alamance-Caswell				0	0	4	4
3404943	Albemarle	8599	57	Detail not covered by combination of recipient, provider and benefit package.	24	122	1017	895
		191	19	Client ID number does not match patient name				
		120	5	Client ID number missing or invalid				
3404902	Blue Ridge	8599	299	Detail not covered by combination of recipient, provider and benefit package.	4	328	552	224
		8518	10	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		167	8	No Charge Billed				
3404912	Catawba	8599	137	Detail not covered by combination of recipient, provider and benefit package.	93	280	2151	1871
		8518	23	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		8517	13	Claims denied, submitted beyond filing timelimit.				
3404917	Centerpoint	21	1351	Duplicate of Claim - systems	320	2554	4310	1756
		8599	585	Detail not covered by combination of recipient, provider and benefit package.				
		191	124	Client ID number does not match patient name.				
3404916	Crossroads	7007	5	Exceeds Maximum Units per month	1	6	74	68

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404927	Cumberland	8599	169	Detail not covered by combination of recipient, provider and benefit package.	13	239	2911	2672
		8518	35	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		21	8	Duplicate of Claim System				
3404922	Durham	21	758	Duplicate of claim system.		834	1452	618
		8599	62	Detail not covered by combination of recipient, provider and benefit package.				
		143	2	Client ID not on State Elig File				
3404944	Eastpointe	8599	112	Detail not covered by combination of recipient, provider and benefit package.	78	283	2115	1832
		8518	23	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		5308	21	Prior Authorized Units Exceeded				
3404946	Foothills				0	0	0	0
3404919	Guilford	8599	554	Detail not covered by combination of recipient, provider and benefit package.	97	984	7208	6224
		8517	164	Claims denied submitted beyond timely filing - Jul-Apr must be submitted by end of FY				
		8625	35	6 Occurances of ASAO Services have paid, PA Required for Add'l Services				

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404930	Johnston	8599	12	Detail not covered by combination of recipient, provider and benefit package.	8	25	872	847
		5404	3	Severe Duplicate				
		24	2	P-Code invalid or invalid for this bill type				
3404929	Lee-Harnett	8599	601	Detail not covered by combination of recipient, provider and benefit package.	4	642	4823	4181
		21	13	Duplicate of Claim - systems				
		143	8	Client ID not on State Elig File				
3404913	Mecklenburg	21	2374	Duplicate of Claim - systems	0	3935	12616	8681
		8599	1290	Detail not covered by combination of recipient, provider and benefit package.				
		191	84	Client ID number does not match patient name				
3404939	Neuse	8599	532	Detail not covered by combination of recipient, provider and benefit package.	159	1288	3729	2441
		120	263	Client ID number missing or invalid				
		167	102	No charge Billed				
3404979	New River	191	33	Client ID number does not match patient name	15	83	321	238
		8599	21	Detail not covered by combination of recipient, provider and benefit package.				
		21	10	Duplicate of Claim - systems				

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404934	Onslow	8517	278	Claims denied, submitted beyond filing timelimit.	16	618	935	317
		8518	186	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		8599	98	Detail not covered by combination of recipient, provider and benefit package.				
3404921	OPC	8599	672	Detail not covered by combination of recipient, provider and benefit package.	22	1095	3678	2583
		5312	300	Prior Authorized Dollars Exceeded				
		143	57	Client ID not on State Elig File				
3404910	Pathways	8599	383	Detail not covered by combination of recipient, provider and benefit package.	293	873	8620	7747
		191	70	Client ID number does not match patient name				
		8621	38	60 Residential Level III, PA Required for Add'l Service				
3404924	Piedmont	8525	158	Claim Denied, Referring Provider must be an LMA	0	160	160	0
		191	2	Client ID number does not match patient name				
3404932	Randolph	8599	151	Detail not covered by combination of recipient, provider and benefit package.	33	423	2503	2080
		120	70	Client ID number missing or invalid.				
		21	65	Duplicate of claim-system				

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404942	Roanoke-Chowan	8599	189	Detail not covered by combination of recipient, provider and benefit package.	25	277	1183	906
		10	31	Diagnosis invalid for client age				
		8622	22	60 Residential Level II, PA Required for Add'l Services				
3404918	Rockingham	8518	337	Claims denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.	21	646	1713	1067
		8517	180	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		8599	43	Detail not covered by combination of recipient, provider and benefit package.				
3404925	Sandhills	8599	298	Detail not covered by combination of recipient, provider and benefit package.	88	480	6131	5651
		120	27	Client ID number Missing or Invalid.				
		143	22	Client ID not on State Elig File				
3404901	Smoky Mountain				0	0	64	64
3404933	Southeastern Center	8599	34	Detail not covered by combination of recipient, provider and benefit package.	50	145	2615	2470
		8000	16	No Rate Available				
		5404	11	Severe Duplicate				

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404926	<b>Southeastern Regional</b>	<b>8599</b>	235	Detail not covered by combination of recipient, provider and benefit package.	84	<b>584</b>	4427	3843
		<b>21</b>	118	Duplicate of claim system.				
		<b>5404</b>	71	Severe Duplicate				
3404957	<b>Tideland</b>	<b>8599</b>	130	Detail not covered by combination of recipient, provider and benefit package.	80	<b>226</b>	3777	3551
		<b>191</b>	10	Client ID number does not match patient name				
		<b>24</b>	3	P-Code invalid or invalid for this Bill type				
3404905	<b>Trend</b>	<b>8599</b>	98	Detail not covered by combination of recipient, provider and benefit package.	1	<b>210</b>	954	744
		<b>21</b>	48	Duplicate of Claims System				
		<b>120</b>	22	Client ID number missing or invalid				
3404923	<b>VGFW</b>	<b>8599</b>	389	Detail not covered by combination of recipient, provider and benefit package.	5	<b>488</b>	3199	2711
		<b>21</b>	40	Duplicate of Claim - systems				
		<b>8517</b>	27	Claims denied, submitted beyond filing timelimit.May and June DOS must be submitted by the end of August.				
3404931	<b>Wake</b>	<b>8599</b>	1226	Detail not covered by combination of recipient, provider and benefit package.	730	<b>2465</b>	23730	21265
		<b>8517</b>	167	Claims denied submitted beyond timely filing - Jul-Apr must be submitted by end of FY				
		<b>8518</b>	67	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
3404936	<b>Wilson-Greene</b>	<b>8599</b>	90	Detail not covered by combination of recipient, provider and benefit package.	69	<b>213</b>	1579	1366
		<b>8518</b>	37	Claims denied, submitted beyond filing timelimit.Jul-Apr DOS must be submitted by the end of FY.				

Cycle Date: 09/16/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
		8517	11	Claims denied submitted beyond timely filing - Jul-Apr must be submitted by end of FY				